

PTO/SB/01 (04-06)

Approved for use through 07/31/2008 OMB 0851-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | |
|--|---------------------------|---|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | 3017-004P/JAB |
| | First Named Inventor | AMOS VALINSKY |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing | OR | <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) |
| | Art Unit | |
| | Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN INDICATOR FOR MULTIWELL PLATE AND METHOD FOR USING THE SAME

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/13/2004 as United States Application Number or PCT International

Application Number PCT/IL2004/000409 and was amended on (MM/DD/YYYY) (If

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the

| Prior Foreign Application Number(s) | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | | YES | NO |
| IL 155897 | 05/13/2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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To:646 424 0880

P.4/4

FROM:BioRig-VALINSKY

FAX NO.:089742288

Nov. 10 2005 11:00PM P1

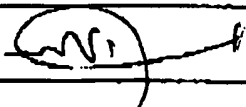
PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0092

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DECLARATION — Utility or Design Patent Application

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| City | | | State | | ZIP | |
| Country | | Telephone | | | Email | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any)) AMOS | | | | Family Name or Surname VALINSKY | | |
| Inventor's Signature  | | | | Date NOVEMBER , 2005 | | |
| Residence: City SHILAT | | State | | Country ISRAEL | | Citizenship ISRAEL |
| Mailing Address c/o SCHWEITZER COHENMAN GROSS & BONURRA, LLP, 292 MADISON AVENUE, 19TH FLOOR | | | | | | |
| City NEW YORK | | State NY | | ZIP 10017 | | Country USA |
| NAME OF SECOND INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any)) | | | | Family Name or Surname | | |
| Inventor's Signature | | | | Date | | |
| Residence: City | | State | | Country | | Citizenship |
| Mailing Address | | | | | | |
| City | | State | | ZIP | | Country |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on _____ supplemental sheet(s) PTO/SB/02A or 02LR are attached | | | | | | |

Doc Code:

PTO/SB/01 (04-05)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|------------------------|--------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | AMOS VALINSKY |
| TID | An Indicator For Material Form |
| Art Unit | |
| Examiner Name | |
| Agency Division Number | 307-1012/AB |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number.

022331

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/03)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|------------------|---|-----------|----------------|
| Signature |  | Date | November, 2005 |
| Name | AMOS VALINSKY | Telephone | |
| Firm and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is subject to time and effort to complete, including preparing, preparing, and submitting the completed application form to the USPTO. Time and effort depending on the individual case. Any comments on the amount of time you require to complete this form either suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1469, Alexandria, VA 22304-1469. DO NOT SEND FORMS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1089, Alexandria, VA 22304-1089.